Use of Voters Identity Card

*213. DR. BIPLAB DASGUPTA: Will the Minister of LAW, JUSTICE AND COMPANY AFFAIRS be pleased to state:

(a) whether Voters Identity Card issued by the Election Commission of India wherein it is clearly written, "This card may be used as an Identity Card under different Government Schemes" can be used in an application for a ration card;

(b) if so, whether any instructions have been given to various departments in this regard; and

(c) if not, the reasons therefor?

THE MINISTER OF LAW, JUSTICE AND COMPANY AFFAIRS (SHRI ARUN JAITLEY): (a) to (c) According to the Election Commission of India, it has issued instructions to inscribe on the Voter Identity Card—"This card may be used as an identity card under different Government Scheme"—to enable use of the identity card under different Government schemes. The Election Commission has been pursuing the State Governments to issue necessary orders/instructions to various Departments under them to accept the voters' identity cards as means of identification in connection with various schemes and programmes executed by them. So far, the Government of Haryana has issued necessary instructions to all its Departments in this regard.

Meeting of Chief Ministers on growing incidence of AIDS

*214. SHRI K.B. KRISHNA MURTHY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Prime Minister had convened a meeting of the Chief Ministers to discuss the growing incidence of AIDS in the country;

(b) if so, the major decisions taken after deliberations and projects/ programmes to be initiated to check the growth of AIDS in the country;

(c) whether UN/WHO is lending assistance to India on its Anti-AIDS Projects and Programmes; and

(d) the role assigned to NGOs to counter the spread of AIDS and total fund allocations made thereunder?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) Yes Sir. The Prime Minister convened a meeting of the Chief Ministers of the six high prevalence States of Andhra Pradesh,

Karnataka, Maharashtra, Tamil Nadu, Manipur and Nagaland to review the implementation of the prevention, control and care activities to be undertaken as part of the National AIDS Control Programme Phase-II.

(b) The Hon'ble Prime Minister has appealed to the Chief Ministers to personally monitor the programme activities specially for awareness among youth and women, school education programmes and adequate care and provision of drugs in the public hospitals. He also suggested that religious establishments who can have a strong positive influence over large sections of our society should be actively involved. He reassured the Chief Ministers that the Centre would continue to partner with them in every possible way in the joint war against HIV/AIDS.

The Chief Ministers who attended the meeting responded positively to the initiatives taken by the Prime Minister and assured him that they would keep HIV/AIDS on top priority in view of the high prevalence of the infection in their States. They would also undertake activities for the involvement of informal leaders and community leaders in the programme. In Nagaland, a convergence with the drug de-addiction programme was highlighted as an important strategy. The Chief Ministers requested the Government of India to increase funding for priority areas of the programme such as support to hospital infection control measures, medicines for opportunistic infection and prevention of mother to child transmission. They asked for adequate supply of condoms and their availability through the public distribution network.

(c) Yes, Sir. The UN agencies have formed a Theme Group which is coordinated by UNAIDS for support to the National Programme. The National AIDS Control Programme is funded by the World Bank with USAID and DFID as important bilateral partners. The UN agencies provide technical assistance through UNAIDS to the programme.

(d) The Non-Governmental Organizations are undertaking activities as follows:

(i) *Priority Targeted Intervention for populations at high risk:*—This component for the project aims to reduce the spread of HIV in groups at high risk by identifying target population and providing counselling, condom promotion, treatment of sexually transmitted infections etc.

(ii) *Counselling:*—Counselling on the telephone on the National AIDS Helpline 1097 and personal counselling at the Voluntary Testing and Counselling Centres.

(iii) *Low cost care for people living with HIV/AIDS:*—Under this component, NGOs are provided financial assistance for low cost home based and community care centres.

The total fund allocations made to NGOs for the above activities for the year 2001-2002 is Rs. 40.5 crores.

Grant of licences to operate guest houses in residential areas of Delhi

†*215. SHRI GOPALSINH G. SOLANKI: Will the Minister of URBAN DEVELOPMENT AND POVERTY ALLEVIATION be pleased to state:

(a) whether Government propose to give licences to operate "Guest-houses" in residential areas of Delhi;

(b) whether this will also be applicable on the private companies in Hauz Khas and Safdarjung Development Area which have built guest houses in these areas; and

(c) the action, Government have taken in this direction, so far?

THE MINISTER OF URBAN DEVELOPMENT AND POVERTY ALLEVIATION (SHRI JAGMOHAN): (a) to (c) Guest houses are permitted in residential plots of minimum size of 219 sq. metres and facing a minimum road width of 18 metres wide (9 metres in special areas and 13.5 metres in rehabilitation colonies) subject to certain conditions such as minimum road frontage, parking facilities, payment of licence fees etc. These guidelines are applicable to the entire National Capital Territory of Delhi and also to private sector companies who have constructed guest houses in residential areas. Only in special areas as delineated in the Master Plan 2001, guest houses already operating were permitted even if they do not conform to norms of minimum plot areas and road width. The local bodies and development authorities process the applications for permission to guest houses in residential areas in accordance with the said guidelines.

Infant mortality rate in Karnataka

*216. SHRI K.C. KONDAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the present infant mortality rate in Karnataka;

(b) the action, if any, taken to reduce the infant mortality rate in the State; and

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†Original notice of the question was received in Hindi.